

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION            | INITIALS | ID NO. | DATE    |
|---------------------|----------|--------|---------|
| FEE DETERMINATION   | 7D       |        | 8/27/99 |
| O.I.P.E. CLASSIFIER |          | 21     | 9/1/99  |
| FORMALITY REVIEW    | CM       | 71632  | 9/9/99  |

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim    | Date    |
|----------|---------|
| Final    |         |
| Original |         |
| 1 ✓      | 8/22/99 |
| 2 ✓      |         |
| 3 ✓      |         |
| 4 0      | ✓       |
| 5 0      |         |
| 6 ✓      |         |
| 7 ✓ ✓    |         |
| 8 0 ✓    |         |
| 9 0 0    |         |
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| 12 0 0   |         |
| 13 0 0   |         |
| 14 ✓ ✓   |         |
| 15 ✓ ✓   |         |
| 16 ✓ ✓   |         |
| 17 0 ✓   |         |
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| 20 ✓ ✓   |         |
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| 28 ✓ ✓   |         |
| 29 ✓ ✓   |         |
| 30 ✓ ✓   |         |
| 31 0     |         |
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| 33 0 ✓   |         |
| 34 0 ✓   |         |
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| 46 ✓     |         |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy